Date:_____ Time:_____

☐ Trauma Activation w/surgeon ☐ Y ☐ N Time Called _____ To ER Bed:_____
☐ Trauma Activation w/o surgeon ☐ Y ☐ N Time Called _____ To ER Bed:_____

TRAUMA EVENT INFORMATION

Injury Date:_____ Injury Time:_____
Arrived by: ☐ Ambulance ☐ Police
☐ Private Vehicle ☐ Walk ☐ Other
Mechanism of Injury: ☐ Fall ☐ Assault
☐ MVC ☐ Driver ☐ Passenger
☐ Motorcycle/ATV/Snowmobile
Extrication: ☐ No ☐ Yes _____ min
☐ Gunshot ☐ Stabbing ☐ Other:_____
☐ Fatality
Safety Equipment: ☐ N/A ☐ Unknown
☐ Helmet ☐ Carseat ☐ Airbag
☐ Lap Belt ☐ Shoulder Belt
☐ Unrestrained

SUMMARY PRE-HOSPITAL CARE

EMS REPORT: ☐ Boarded ☐ Collar
VS PTA: Time:_____T_____ P_____ RR_____ O2 SAT_____ BP_____
O2 @ _____ROUTE_____GCS_____
Meds/Notes: _____
_____
Airway: ☐ Combitube ☐ King Airway ☐ Oral ☐ Other:_____
☐ ETT ☐ 6 ☐ 7 ☐ 7.5 ☐ 8 ☐ 8.5 secured @ _____cm @ lip
Circulation: ☐ Cardiac Monitor: Rhythm_____ ☐ CPR initiated Time:_____
IV's: ☐ 14 ☐ 16 ☐18 ☐20 Site:_____ IO site_____ **Wound Care**: Type/time_____
☐ 14 ☐ 16 ☐18 ☐20 Site:_____ **Splinting**: Location/type:_____
IV Fluids:_____↑_____ Location/type:_____
IV Fluids:_____↑_____ **Warming Measures:** ☐ blankets ☐ fluids
Lab Draw ☐ Yes ☐ No EMT(s)_____

PRIMARY SURVEY

AIRWAY: Y/ N Patent
Y/ N Intubated

BREATHING: Y/ N Spontaneous_____
Y/ N Labored_____
Y/ N Assisted_____

CIRCULATION: Y/ N Radial Pulse _____
Y/ N Bleeding Controlled___
Y/ N CRT < 2 sec_____
Y/ N Warm_____
Y/ N Dry_____
Y/ N Pink_____

NEUROLOGICAL: A V P U
Y/ N History of LOC/ Seizure
Length of Time_____
Y/ N Paralysis of Extremities
Y/ N Chemical Paralysis____

SECONDARY SURVEY

HEAD:
Y/ N Evidence of Trauma _____
Y/ N Battle Sign_____
Y/ N Raccoon's Sign_____
Y/ N Nose/Ear Drainage_____

NECK:
Y/N Evidence of Trauma_____
Y/N Tracheal Shift_____
Y/N JVD_____
Y/N C-Spine Pain_____

CHEST: Breath sounds R_____ L_____
Y/N Evidence of Trauma_____
Y/N Asymmetrical Rise_____
Y/N SQ Emphysema_____
Y/N Muffled Heart Tones_____

ABDOMEN: Y/N Evidence of Trauma_____
Soft / Firm
Y/N Bowel Tones_____
Y/N Distended_____
Y/N Pregnant_____

PELVIS/GU: Y/ N Evidence of Trauma_____
Y/ N Crepitus/Instability_____
Y/ N Abnormal Rectal Tone_____
Y/ N Blood at Meatus, Vagina, Rectum

EXTREMITIES: Y/N Evidence of Trauma___
Y/N Deformity_____
Y/N Abnormal Sensation_____
Y/N Distal Pulses Absent_____

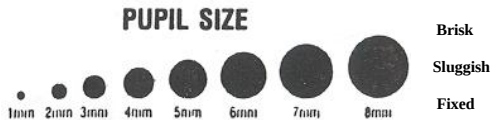
BACK: Y/N Evidence of Trauma_____
Y/N Deformity_____
Y/N Pain_____

PATIENT HISTORY

Weight:_____lbs_____kgs Tetanus Status: ☐ < 5 yrs ☐ > 5 yrs ☐ Unk
Estimated Actual Broselow tape LMP:_____G_____ P____ Gest____ FHT:_____

PERTINENT PHMx/PSHx/FMHx:

☐ ETOH/Drugs_____
☐ Smokes_____
Last PO intake_____

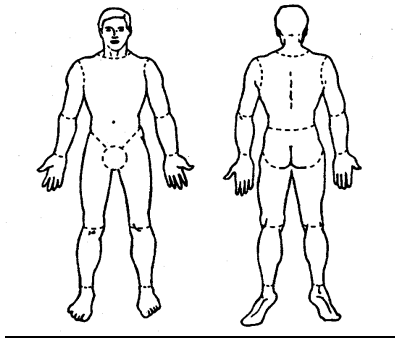


ALLERGIES:

GLASGOW COMA SCALE

ADULTS		CHILD/INFANT	
Eye		**Eye**	
Spontaneous	4	Spontaneous	4
To voice	3	To voice	3
To pain	2	To pain	2
None	1	None	1
Verbal		**Verbal**	
Oriented	5	Normal Vocalization	5
Confused	4	Cries, but consolable	4
Inappropriate	3	Persistently irritable	3
Incomprehensive	2	Agitated, moaning	2
None	1	None	1
Motor		**Motor**	
Obeys	6	Purposeful, spontaneous	6
Localizes pain	5	Localizes pain	5
Withdraws(pain)	4	Withdraws(pain)	4
Flexion (pain)	3	Flexion (pain)	3
Extension (pain)	2	Extension (pain)	2
None	1	None	1

REGULAR MEDICATIONS/DOSES:



INJURY LOCATION:

1. Laceration	5. Avulsion	9. Amputation
2. Fracture	6. GSW	10. Stab Wound
3. Abrasion	7. Burn	11. Ecchymosis
4. Hematoma	8. Crepitus	12. Pain

TRAUMA TEAM ACTIVATION

STAFF	Name	Notified	Arrival
ED MD			
SURGEON			
MD			
CRNA			
ER RN			
ER RN			
RN			
RN			
CLERK			
RT			
RAD			
LAB			

COMPLAINTS & INJURY LIST:

Patient Sticker

MEDICATIONS

Time	Drug/Dose	Route	Site	Initials

IV THERAPY

Time	IV #	Gauge/IO	Site	Initials	Attempt Large Bore
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No

Time	IV #	Solution	End	Initial

IV #1 Time_____ Site_____ DC'd Intact @ _____ by ____
IV #2 Time_____ Site_____ DC'd Intact @ _____ by ____
IV #3 Time_____ Site_____ DC'd Intact @ _____ by ____
IV #4 Time_____ Site_____ DC'd Intact @ _____ by ____

GLUCOMETER	Time	Result

PROCEDURES

Warming Measures:
Initiated @_____
☐ Warm blankets
☐ Bair-Hugger
☐ IV fluids warmed

Cardiac Monitoring:
Initiated @_____
☐ Continuous @ _____
Rhythm:_____
Per ☐ 12 lead ☐ monitor
☐ Auto BP cuff

Chest Tube #1: ☐ R ☐ L
Inserted @ _____
By:_____
Size:_____Fr
☐ H2O_____ cm
Initial output:_____cc
Color:_____
☐ CXR confirmation
Time:_____

Chest Tube #2: ☐ R ☐ L
Inserted @ _____
By:_____
Size:_____Fr
☐ H2O_____ cm
Initial output:_____cc
Color:_____
☐ CXR confirmation
Time:_____

Spinal Immobilization:
☐ Collar ☐ Soft ☐ Stiff
☐ Rolls ☐ Board
☐ Placed in ED @ _____
Off board @_____
C-Spine/Tspine cleared time
@ _____
Cleared by:_____

NG/OG Tube:
☐ Mid-face clearance by MD
☐ NG ☐ OG
Inserted @ _____
Size: _____ fr
Frank Blood: ☐ pos ☐ neg
Initial Output:_____ cc
Color:_____
☐ To LIS

Airway:
☐ Nasal ETT ☐ Oral ETT
☐ Combitube ☐ King Tube
Inserted @:_____ (time)
By: ☐ MD ☐ RT ☐ CRNA
Size: ☐ 6 ☐ 7 ☐ 7.5 ☐ 8 ☐ 8.5
Secured @ _____cm @ lip
# of attempts:_____
☐ Bilat breath sounds
☐ CO2 detector confirmation
☐ CXR confirmation @ _____

Foley Catheter:
☐ Rectal/Pelvis
cleared by MD
Inserted @_____
By:_____
Size:_____ Fr
Initial output:_____ cc
☐ clear ☐ cloudy
☐ gross blood
Color:_____

Dipstick blood ☐ Pos ☐ Neg

INTAKE & OUTPUT

Oral		Blood Loss	
IV Fluid		Urine	
Blood Products		NG Tube	
Other		Chest Tube #1	
Other		Chest Tube #2	
		Other	
Total Input		**Total Output**	

RADIOLOGICAL STUDIES:	Time left unit	Return time	Accompanied by
portable x-rays			
x-rays			
US			
CT			

Patient Sticker

PROGRESS NOTES

Valuables sent:	Rm/ patient	Patient/ Transfer	With Family	Mortuary /Police	Valuables sent:	Rm/ patient	Patient/ Transfer	With Family	Mortuary /Police
Money/Purse/wallet					Glasses				
Dentures: ☐ Upper ☐ Lower					Jewelry				
Hearing Aide ☐ Right ☐ Left					Clothes/shoes				
Contacts									

DISCHARGED @		**CONDITION:**	☐ Improved ☐ Stable ☐ _____
STATUS:	☐ Admit IP ☐ Admit OP Room #_____ ☐ AMA ☐ Released ☐ Police ☐ OR ☐ Expired		☐ Transferred to:_____ ☐ Consent obtained ☐ COBRA form completed
NOTIFICATIONS	☐ Family notified ☐ Death packet completed ☐ Mortuary called @ _____ Released to _____ ☐ Coroner called @_____ (mortuary name)		Mode: ☐ Helicopter ☐ Ground ☐ BLS ☐ ALS ☐ Private vehicle ☐ Other

ADMITTING MD: **DX:** **REPORT TO:**

LIST MEDICATIONS/SUPPLIES SENT HOME WITH PATIENT:		

MD SIGNATURE: **Time:**

Initials	Signature	Initials	Signature	Initials	Signature

Patient Sticker

Time	Temp Route	Pulse	RR	BP	Sa O2	O2 route	Pain Scale	Pupil Size		Glasgow				Activity/ c/o:
								R	L	E	V	M	Total	

WOUND CARE:

WOUND #_____ TIME:_____ WOUND PREP: ☐ Betadine ☐ Soak ☐ Hibiclens ☐ Saline ☐ Scrub/irrigate ☐ Other:

LOCAL ANESTHETIC:

☐ 1% xylo w/epi_____cc
☐ 1% xylo w/o epi_____cc
☐ 2% xylo w/epi _____cc
☐ 2% xylo w/o epi_____cc
☐NaHCO3
☐ .25% marcaine w/epi_____cc
☐ .25% marcaine w/o epi_____cc
☐ .5% marcaine w/ epi_____cc
☐ .5% marcaine w/o epi_____cc
☐ _____cc

SUTURE SIZE/TYPE/SITE:

DRESSING/SITE:

☐ Bandaid
☐ Bacitracin
☐ Minor
☐ Major
☐ Other_____

WOUND #_____ TIME:_____ WOUND PREP: ☐ Betadine ☐ Soak ☐ Hibiclens ☐ Saline ☐ Scrub/irrigate ☐ Other:

LOCAL ANESTHETIC:

☐ 1% xylo w/epi_____cc
☐ 1% xylo w/o epi_____cc
☐ 2% xylo w/epi _____cc
☐ 2% xylo w/o epi_____cc
☐NaHCO3
☐ .25% marcaine w/epi_____cc
☐ .25% marcaine w/o epi_____cc
☐ .5% marcaine w/ epi_____cc
☐ .5% marcaine w/o epi_____cc
☐ _____cc

SUTURE SIZE/TYPE/SITE:

DRESSING/SITE:

☐ Bandaid
☐ Bacitracin
☐ Minor
☐ Major
☐ Other_____

CAST/SPLINTS: Time:_____

Size:_____ Length:_____Ext:_____
Size:_____ Length:_____Ext:_____
Splint type:_____Ext. _____
Immobilizer: ☐Shoulder ☐ Knee ☐ Sling ☐Boot ☐ Crutches

PROCEDURAL SEDATION: Time_____

Procedure:_____ packet ☐
2nd RN_____
To Surgery @_____
Packet complete ☐ Yes ☐ No

Patient Sticker